

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Catherine Blair

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County		
Died at	Federalshng	Caroline			
Date of death	1903	Month July	Day 13	Years 80	Months
Sex	female	Color or Race	white	Birth-place	Days
Occupation	housewife	Where Residing if not at place of death			
Married, Single or Widowed	widow	Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name			14	Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

Primary		How long
Dysentery		12 days
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		R. Kemp Jefferson Federalshng md



Name
in
Full

CERTIFICATE OF DEATH

Inform.

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Denton</u>		Town	County <u>Caroline</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>7</u>	Day <u>17</u>	Years		Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>	Age <u>17</u>	Birth-place <u>Denton</u>			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>John Briggs</u>					
Mother's Maiden Name	<u>Gorgia Farmer</u>					
Name of person giving information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>St. Iren.</u>	How long <u>d.</u>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. Neale</u>
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Address

Accident or Suicide?

Name
in
full

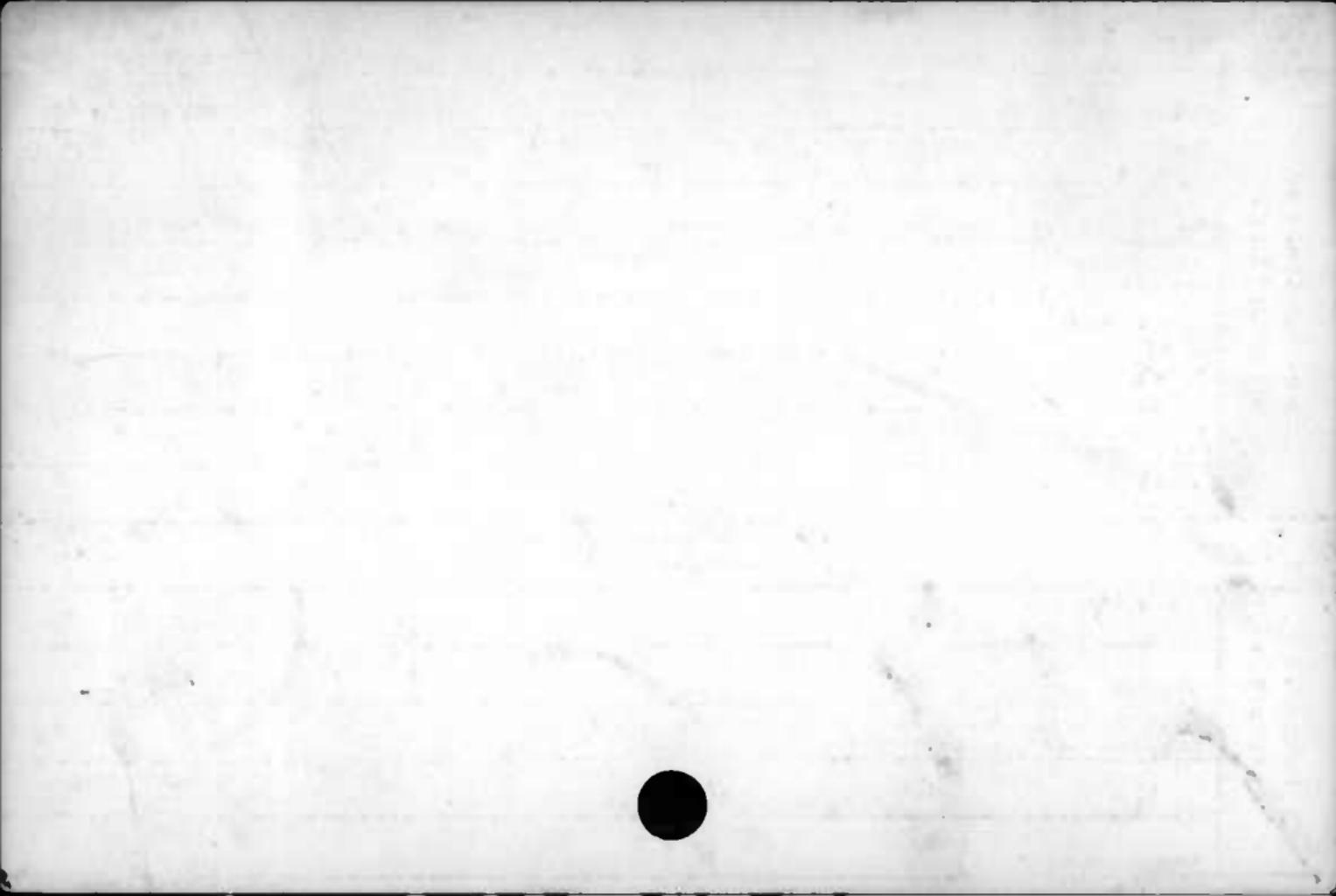
Wilbur G. Becker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name		Wesel Jones		Father's Birthplace		
Mother's Maiden Name		sacile night		Mother's Birthplace		
Name of person giving information		George B. Thomas		How related to deceased		
CAUSES OF DEATH						
Primary				How long		
Immediate				How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
		Address				
Accident or Suicide?						



Name
in
Full

Walter W. Elliott

CERTIFICATE OF DEATH

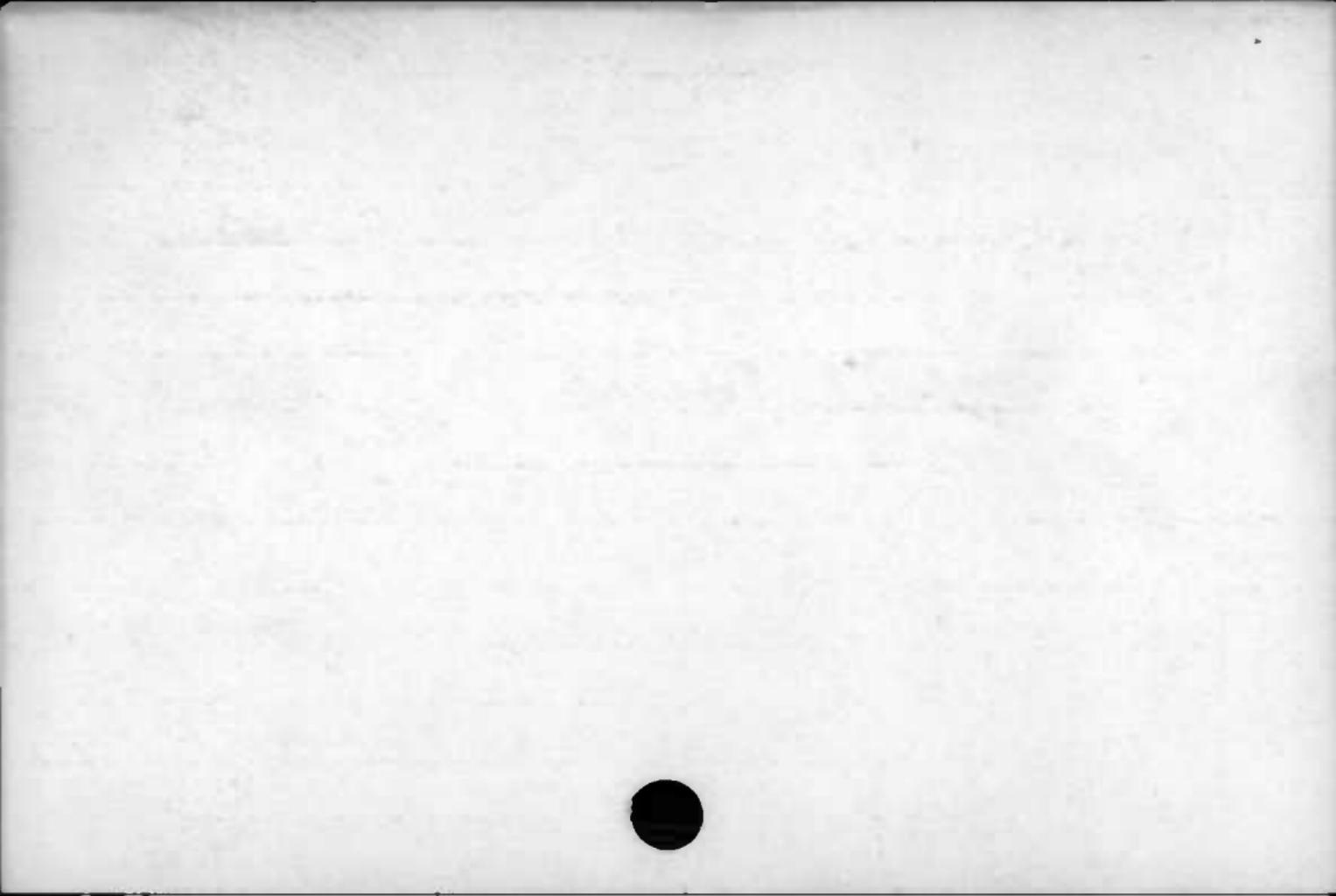
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Ridgely	County Caroline	MARYLAND		
Date of death 1903	Month July	Day 6	Years 12	Months 7	Days —
Sex Male	Color or Race Black	Birth- place Ridgely Md			
Married, Single or Widowed Single	Occupation Laborer				
Name of Wife or Husband					
Father's Name	Father's Birthplace				
Mother's Maiden Name Henrietta Elliott	Mother's Birthplace Ridgely Md				
Name of person giving Information Tom Smith	How related to deceased None				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pyphoid fever	How long 3 weeks
Immediate Perforation - Peritonitis	How long 3 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. C. Madara Address Ridgely. Md
Accident or Suicide? —	



Nevela Green

Town

County

MARYLAND

Died at

1905

Month

Day

Y.

M.

D.

Native of

Date 189

Male

7

White

31

Age

<—

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's
Name

Harmon Green

How long sick

Reported by

Address

Norfolk, Virginia

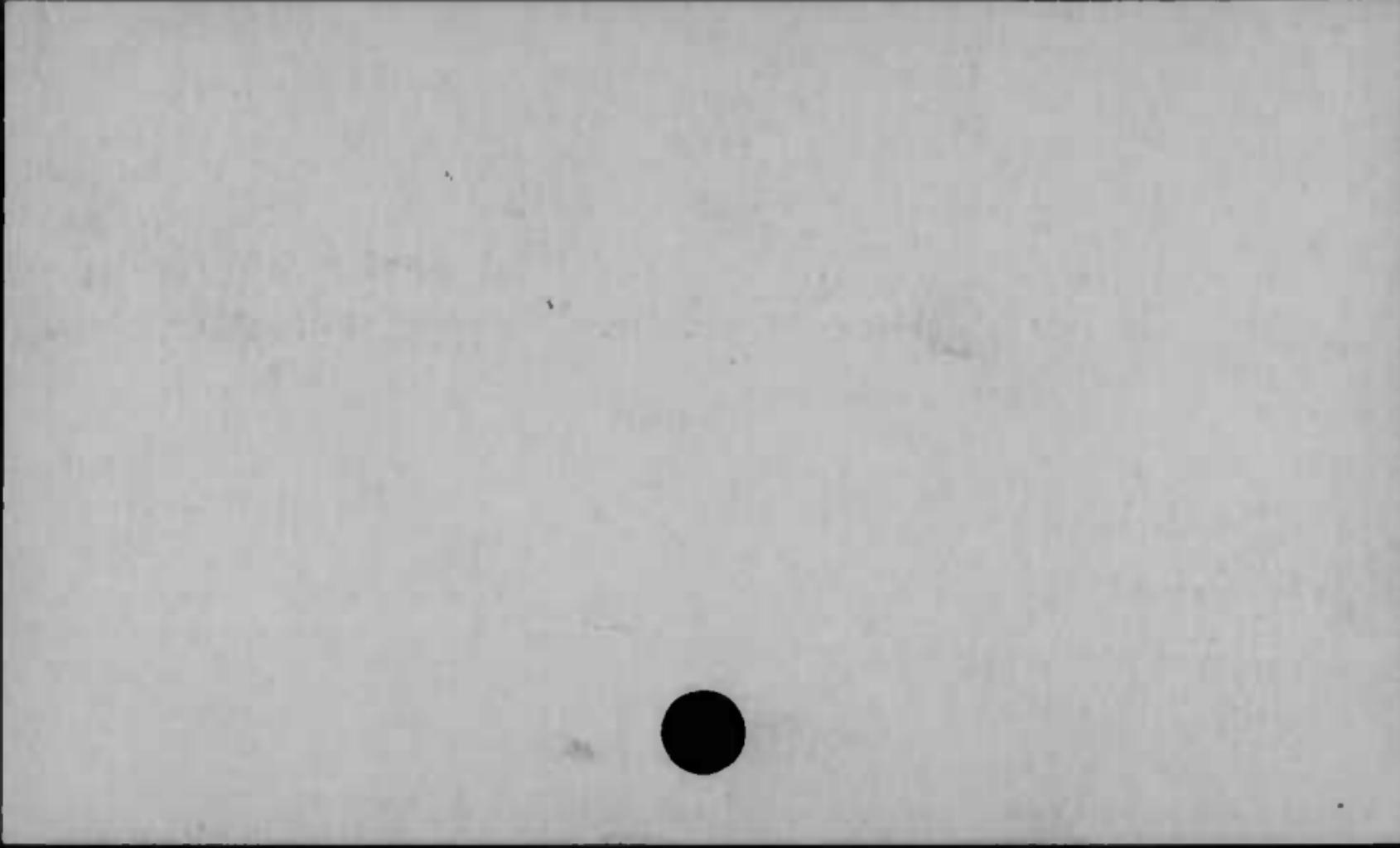
Accident, Suicide, Homicide

McGill Hall

Baltimore, Md.

8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Bertha Slaughter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wadsworth</u>		Town	County <u>Caroline</u>		MARYLAND	
Date of death 1903	Month <u>July</u>	Day <u>2</u>	Years	Months <u>2</u>	Days <u>2</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation				
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name <u>Lewis Slaughter</u>	Father's Birthplace <u>Md.</u>					
Mother's Maiden Name <u>Minnie Hall</u>	Mother's Birthplace <u>Md.</u>					
Name of person giving Information <u>Minnie Slaughter</u>	How related to deceased <u>Mother</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Colera infantum

How long 105

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

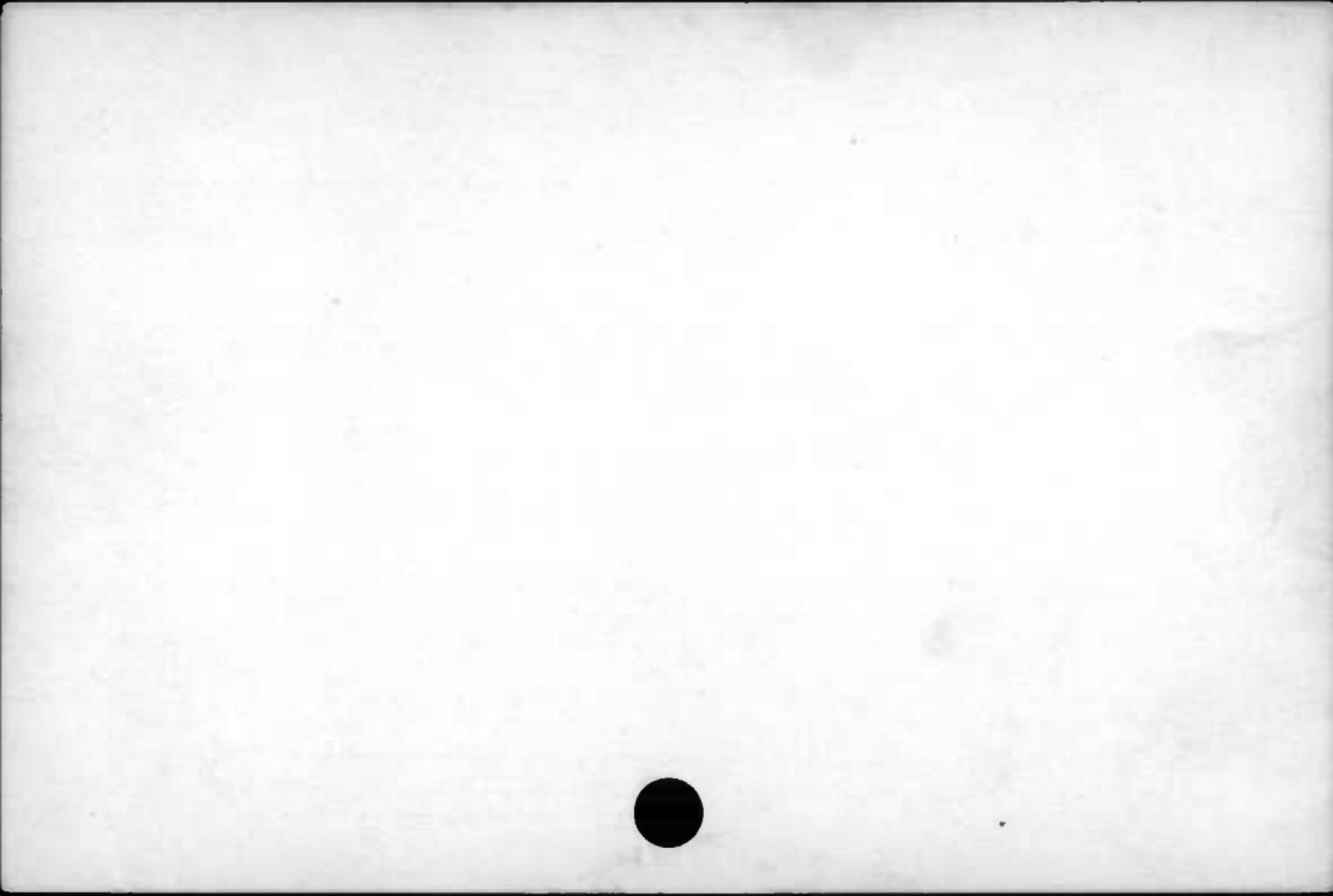
Yes

Signature of Physician

Address

Jas H Ward
Wadsworth, Md.

Accident or Suicide X



Name
in
Full

Lula Elizabeth Todd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days		
Sex	Female	Color or Race	Age	Birth- place			
Married, Single Widowed		Occupation					
Name of Wife or Husband							
Father's Name	William Edward Todd				Father's Birthplace	Md.	
Mother's Maiden Name	Indiana Payne				Mother's Birthplace	Md.	
Name of person giving Information	William Edward Todd				How related to deceased	Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Cholera infantum

How long

2 days

Immediate

Cholera infantum

How long

Are the name, age, sex, color, data
and place correctly given above?

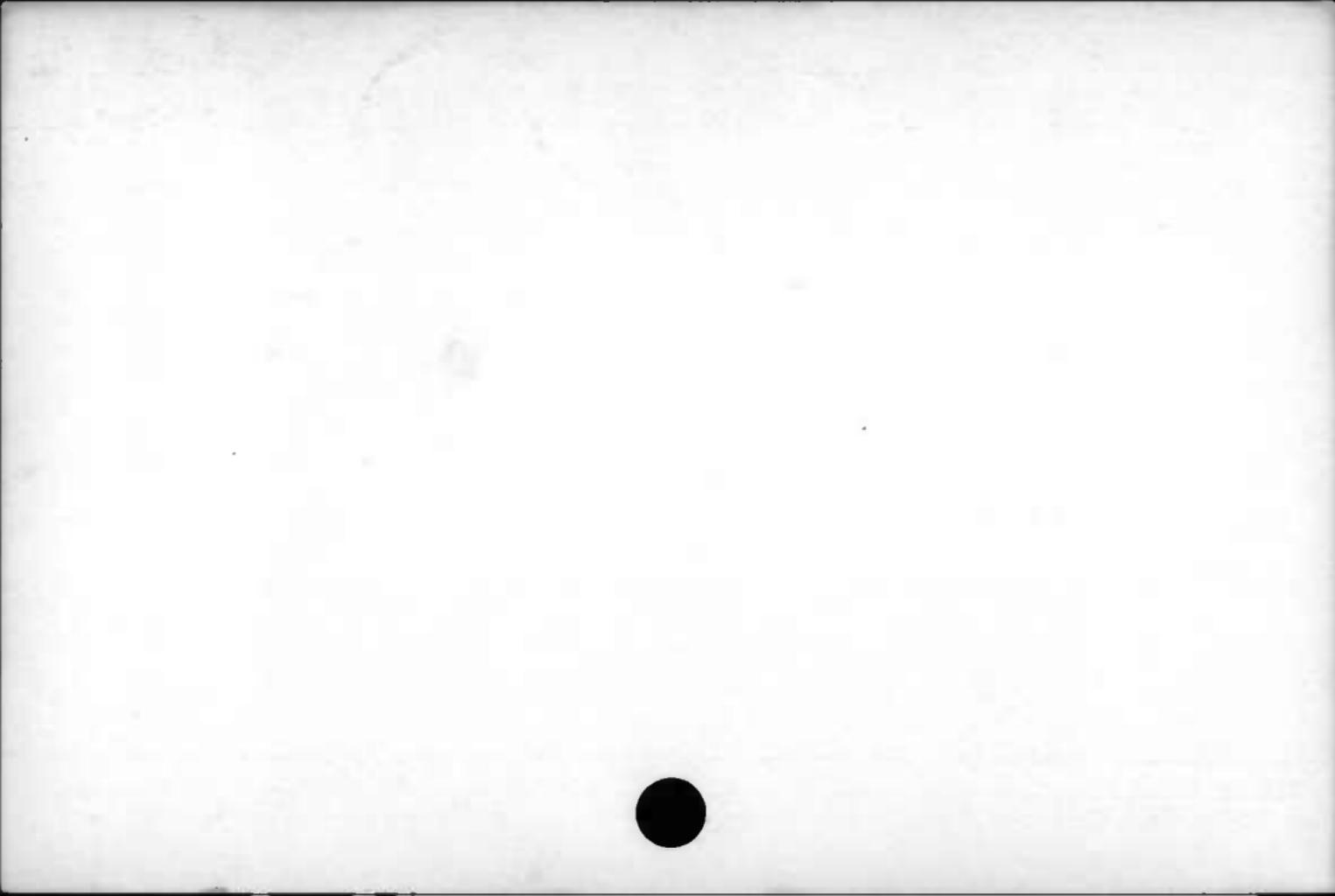
yes

Signature of
Physician

Address

John Dugadway
Fowling Creek, Md.

Accident or Suicide?



Name in Full

Joseph K. Wilson Ward

Certificate of Death

Died at		Town	County	MARYLAND	
Near Greenboro		Caroline			
Date	Month	Day	Y.	M.	D.
1903	7-9		4-18		
Male	Age		Native of		Occupation
Female			Md		
White	Married		Widow	Divorced	
Colored	Single		Widower	<u>Number of children living</u>	
Husband of					
Wife					
Father's Name	Mother's Maiden Name				
Primary	Kratz	105	How long sick		
Immediate	Cholera infantum		9 day's		
Reported by	G. W. Batten M. D.				
Address	Greenboro				
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.					
LIBRARY BUREAU, 78282					



Name
in
Full

Emily Wright

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Married, Single or Widowed	Occupation		Residence		
Name of Husband	Henry Wright -				
Father's Name	Allen Loockman				
Mother's Maiden Name	Lydia Loockman				
Name of person giving Information	Nathan Smith				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis b.

How long

1 day

Immediate

Are the name, age, sex, color, date and place correctly given above?

I think so

Signature of Physician

Address

A. P. Mansfield, Jr.
Drummond Int.
Leawhile Tex

Accident or Suicide?

